Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

| Effective October 1, 2001   |  |   |                                      |                      |                                 |                  |       | 038486/6            |                        |       |                            |                        |  |
|---|--|---|--------------------------------------|----------------------|---------------------------------|------------------|-------|---------------------|------------------------|-------|----------------------------|------------------------|--|
|   |  | CLAIMS AS                                 | S FILED - PART I<br>(Column 1)       |                      | (Column 2)                      |                  |       | SMALL ENTITY TYPE   |                        | OR    | OTHER THAN<br>SMALL ENTITY |                        |  |
| TO  | TAL CLAIMS   | ()  |                                      |                      |                                 |                  |       | RATE                | FEE                    |       | RATE                       | FEE                    |  |
| FOR   |  |   | NUMBER FILED                         |                      | NUMBER EXTRA                    |                  |       | BASIC FEE           | 370.00                 | OR    | BASIC FEE                  | 740.00                 |  |
| TOTAL CHARGEABLE CLAIMS   |  |   | / - minus 20=                        |                      | . 87                            |                  |       | X\$ 9=              | 023                    | OR    | X\$18=                     |                        |  |
| INDEPENDENT CLAIMS  |  |   | 6 minus 3 =                          |                      | * 3                             |                  |       | X42=                | 126                    | ÓR    | X84=                       |                        |  |
| MU  | LTIPLE DEPEN   | DENT CLAIM P                              | RESENT                               |                      | JZI <sup>°</sup>                |                  |       | +140=               | 140.                   | OR    | +280=                      |                        |  |
| * If  | the difference i   | less than ze                              | ess than zero, enter "0" in column 2 |                      |                                 |                  | TOTAL | , (                 | OR                     | TOTAL |                            |                        |  |
|   |  |   |                                      |                      |                                 |                  |       | IOIAL               | 1106                   | UR    | OTHER                      | THAN                   |  |
|   | CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) |   |                                      |                      |                                 |                  |       | SMALL E             | ENTITY                 | OR    | SMALL                      |                        |  |
| AMENDMENTA  | 1.20   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                      | HIGH<br>NUM          | IEST<br>IBER<br>OUSLY           | PRESENT<br>EXTRA |       | RATE                | ADDI-<br>TIONAL<br>FEE |       | RATE                       | ADDI-<br>TIONAL<br>FEE |  |
|   | Total 145  | ·   | Minus                                | 16                   | 2500                            | - 20             |       | X\$ 9=              | 180                    | OR    | X\$18=                     |                        |  |
|   | Independent  | . 8                                       | Minus                                | ***                  | 6                               | حے =             |       | X42=                | 84                     | OR    | X84=                       |                        |  |
| Ľ   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM               |   |                                      |                      |                                 |                  | +140= |                     | OR                     | +280= |                            |                        |  |
| St.   |  |   |                                      |                      |                                 |                  |       | TOTAL               | 216                    | OD    | TOTAL<br>ADDIT. FEE        |                        |  |
|   |  | (Column 1)                                |                                      | (Colu                | mn 2)                           | (Column 3)       |       | ADDIT. FEE          |                        |       | ADDII. FEE                 |                        |  |
| AMENDMENT B   |  | CLAIMS REMAINING AFTER AMENDMENT          |                                      | HIGI<br>NUM<br>PREVI | HEST<br>MBER<br>OUSLY<br>FOR    | PRESENT<br>EXTRA |       | RATE                | ADDI-<br>TIONAL<br>FEE |       | RATE                       | ADDI-<br>TIONAL<br>FEE |  |
|   | Total  | · 136                                     | Minus                                |                      | 45                              | -                |       | X\$ 9=              |                        | OR    | X\$18=                     |                        |  |
|   | Independent  | • 7                                       | Minus                                |                      | 8                               | <u> -</u>        | -     | X42=                |                        | OR    | X84=                       |                        |  |
| L   | FIRST PRESE  | NTATION OF M                              | ULTIPLE DE                           | PENUEN               | I CLAIM                         |                  | 1     | +140=               |                        | OR    | +280≖                      |                        |  |
|   |  |   |                                      |                      |                                 |                  | •     | TOTAL<br>ADDIT. FEE |                        | OR    | TOTAL<br>ADDIT. FEE        |                        |  |
|   |  | (Column 1)                                |                                      |                      | ımn 2)                          | (Column 3        |       |                     |                        |       |                            |                        |  |
| AMENDMENT C   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                      | NUI<br>PREV          | HEST<br>MBER<br>IOUSLY<br>D FOR | PRESENT<br>EXTRA |       | RATE                | ADDI-<br>TIONAL<br>FEE |       | RATE                       | ADDI-<br>TIONAL<br>FEE |  |
|   | Total  | - 22                                      | Minus                                | **                   |                                 | =                |       | X\$ 9=              |                        | OR    | X\$18=                     |                        |  |
|   | Independent  | . 1                                       | Minus                                | ***                  |                                 | =                |       | X42=                |                        | OR    | X84=                       |                        |  |
| [   | FIRST PRESE  | NTATION OF N                              | MULTIPLE DE                          | PENDEN               | IT CLAIN                        | 4                | J     | +140=               |                        |       | +280=                      |                        |  |
| • if the entry in column 1 is less than the entry in column 2, write "0" in column 3.   |  |   |                                      |                      |                                 |                  |       |                     |                        | OR    | TOTAL                      |                        |  |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |  |   |                                      |                      |                                 |                  |       |                     |                        |       |                            |                        |  |